

COMM. OF ELECTIONS

2007 JUL 18 A 9: 18

Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

ruii Organization Name:	Committe	e to Elect Car	leton E. Carey, Sr.
Account Number:	Est Total	Date of	this Report:
REPORTING PERIOD:	FROM: _/-	<u>-/- 07</u> то:	3-18-07
Check the box that applies t	o this report:		
Primary Election General Election Other Election Special Election	☐ 8-DAY ☐ 8-DAY ☐ 8-DAY ☐ 8-DAY	☐ 30-DAY ☐ 30-DAY ☐ 30-DAY ☐ 30-DAY	Office: City of Dover Councilman let Lory
Year End Report	Completed Activ	rities (Terminate)	Temination Date:
regulations regarding Camp	oaign Finance and the el	ection process in the State	accurate and correct. I agree to abide by all rules and e of Delaware. I understand that representatives from provided on this report.
Blanche C TREASURER SIGNATURE	ONEY	, , , , , , , , , , , , , , , , , , ,	7-18-09 DATE
Carlton E	. Carey Str.		7-18-07
CANDIDATE SIGNATURE		r	DATE

700101061201



STATEMENT OF ACCOUNT BALANCE

AC	CCOUNT #:	REPORTING PERIOD: /- /- D 7	3-18-0
1.	BEGINNING (Close Out I		то \$ 16.54
2.	RECEIPTS:		
	A.	SCHEDULE A – TOTAL RECEIPTS	id
	В.	SCHEDULE C-1 - TOTAL IN-KIND (NON CASH) RECEIPTS	**************************************
	C.	SCHEDULE D-1 – LOANS RECEIVED AND DEBTS INCURRED	-
	D.	SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES RECEIVED	7
	E. SUBT	TOTAL (Total of A, B, C, D)	
3.	EXPENDITU	TRES:	
	F.	SCHEDULE B - TOTAL EXPENDITURES	
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXPENSES (IN KIND RECEIPTS USED)	
	H.	SCHEDULE D-2 – LOANS AND DEBTS OUTSTANDING	(************************************
	1.	SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES PAID	Viennie (Company)
	J. SUB	TOTAL (Total of F, G, H, I)	
4.	ENDING BA (Beginning l	LANCE Balance plus 2E, minus 3J)	16.54
5.	NON-CASH A	ASSETS (IN KIND RECEIPTS NOT YET USED (From Schedule F)	W-10-10-10-10-10-10-10-10-10-10-10-10-10-
6.	DISPOSITIO	N OF LEFT OVER ASSETS (CLOSING COMMITTEE) (From Schedule G)	
7.	LOANS AT E	ND OF PERIOD (Loan Balance from Schedule D-2)	
8.	CLOSE OUT	BALANCE (Must equal zero if Committee closed)	***



SCHEDULE A - TOTAL RECEIPTS

ACCT#:	<u></u>	1	REPORTING PERIOD:	1-1-07	3-18-6	77
over \$50. N	OTE: If you rec	eive funds from the same person	eipts from sales of items must be iten or organization several times during ver \$100, even if the individual amount	g the reporting	то	
RECEIPTS	IN EXCESS (DF \$100:				
Date	Contrib	Contributor	Contributor	Aggi	regate Amo	ount
Received	Туре	Name	Mailing Address		nount Rece	ived
			1000	- AN (
			70			
			Mil.			
		110 LOS - 20				
	142					
		A STATE OF THE STA				
	ļ					
			4.1			
-						
		200000000000000000000000000000000000000	**************************************			
						SQUIAGE
		The second secon				
-		2 X X X X X X X X X X X X X X X X X X X				
	 					
		7 State (10 - 4) 5 State (11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	 			
		74-0				
TOTAL RI	ECEIPTS IN E	XCESS OF \$100				
			va .		lea-	
TOTAL RI	ECEIPTS NOT	IN EXCESS OF \$100				
					I	-

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)

GRAND TOTAL RECEIPTS



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:		REPORTING PERIOD:	1-1-0	7	3-18-07
Itemize all expend	itures over \$100 for the report	ing period. All expenditures to Political Co		FROM	то
of the amount. NC must be listed if th	TE: IF you expend funds to the	ne same person or organization several time to esame person or organization several time to the individual amounts are not.	s during the reporting	emized, regardless g cycle, each item	
Date	Payee	Payee	Reason	Aggregate	Amount
Expended	Name	Mailing Address	Code	Amount	Expended
		!			
				- William - Inc.	
		+			
	4.00				
TOTAL EXPEN	DITURES IN EXCESS OF S	100			
				N.	
TOTAL EXPEN	DITURES NOT IN EXCESS	OF \$100			0
				15	
GRAND TOTAL	EXPENDITURES				

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



SCHEDULE C-1 - TOTAL IN-KIND (NON CASH) RECEIPTS

		REPORTING PERIOD:	FROM	3-18-0
NOTE: If you red ach item must be N-KIND CONT	ceive in-kind contributions from to clisted if the aggregate amount: FRIBUTIONS IN EXCESS OF		imes during the reporting period, ints are not.	
Date Date	ED VALUE RECEIVED IS FAIR MA Contributor	RKET VALUE LESS ANY PAYMENTS YOU Contributor	MADE FOR THE GOODS OR SERV Description of	ICES) Estimated
Received	Name	Mailing Address	Contribution	Value Receive
		·		UE FOLKESWY S.
	-0.046-201			
		Control of the State of the Sta		
		28		
OTAL INJUN	D RECEIPTS IN EXCESS OF	\$100		_
OTAT III-KIII	ID RECEIF IS IN EXCESS OF	. 9100		
	D RECEIPTS NOT IN EXCE			P-0-0

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)

GRAND TOTAL IN-KIND RECEIPTS



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES (IN KIND RECEIPTS USED)

	ne person or organization several times during		
		ie not.	
		EIVED FOR THE GOODS OR	SERVICES)
Person or Activity Name	Person or Activity Location or Mailing Address	Description of Expenditure	Estimated Value Expende
	Annual Description of the Control of		
	NDITURES IN EXCESS OF ED VALUE EXPENDED IS FAIR M Person or Activity	NDITURES IN EXCESS OF \$100: D VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU REC Person or Activity Person or Activity	Person or Activity Person or Activity Description of

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED AND DEBTS INCURRED

	Endorser Name	Description	I Int 1	Amount
And Mailing Address	and Mailing Address	of Security	Rate	Received
				- AU-

			-	
				-
HINNEY OF THE STATE OF THE STAT				
7,				
			-+-	
	Obligated To (Name) And Mailing Address	Obligated To (Name) Endorser Name	Obligated To (Name) Endorser Name Description	Obligated To (Name) Endorser Name Description Int



SCHEDULE D-2 - LOANS AND DEBTS OUTSTANDING

l outstanding loans and debts in excess of	\$50 must be listed. This includes loans from Len	ding Institutions, Candidate's Personal Fo	nds and Other Cont	ributors.		1-07 FROM
DANS IN EXCESS OF \$50:						
Date Obligated To (Name) Received And Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
		in the second se				
		20100				
<u></u>						
- ti						
		anno a sussellaver	_			



SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES

ACCT #:			REPORTI	NG PERIOD:	1-1-01
		1/			FROM
All expense reimburs	sements received by you and paid by you must be item	nized.			
REIMBURSEMEN	ITS RECEIVED (Monies paid to you as reimburse	ments from other Committees for expenses yo	ou incurred.)		
Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
				- 41	
		2			
TOTAL REIMBUR	RSEMENTS RECEIVED FROM OTHER COMM	ITTEES		•	0
(REIMBURSEMENTS I	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,	STATEMENT OF ACCOUNT BALANCE, ITEM 2D)			
REIMBURSEMEN	TS PAID (Monies paid by you to reimburse other	committees for expenses they incurred.)			
Date Paid	Payee Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Paid
TOTAL REIMBUR	RSEMENTS PAID				0
	PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STAT	EMENT OF ACCOUNT BALANCE, ITEM 3D		1	



SCHEDULE G - DISPOSITION OF LEFT OVER ASSETS (CLOSING COMMITTEE)

ACCT #:		REPORTING PERIOD:	1-1-07	3-18-0
			FROM	то
Itemize all non-cash ass	ets disposed of, transferred or sold by	y the organization during the reporting period.		
ALL NON-CASH ASS				
Date Eliminated	Description	Disposition	1	Value
Eliminated	of Asset	of Asset		Received
		A STATE OF THE STA		
TOTAL ASSETS ELI		E 1 STATEMENT OF ACCOUNT DAI ANCE ITEN	L	0